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COVER LETTER

	ew Filing Section ivision of Corporations	19 SEP -3 PH 2: 53
SUBJECT	: EliteUTV LLC. Name of Limited Liability Company	
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
Please retur	rn all correspondence concerning this matter to the following:	
	Kurtis Beaulieu	
	Name of Person	
	Firm/Company	
	1150 Old Enterprise Rd.	
	Address	
	Lake Helen, FL 32744	
_	Lake Helen, FL 32744 City/State and Zip Code Kelsey-lindemann Qyo	zhoo. com
•	E-mail address: (to be used for future annual report no	tification)
For further in	nformation concerning this matter, please call:	
	Kurtis at 386, 561-1	104
	Name of Person Area Code Daytime Tel	ephone Number
Enclosed is	ling Fee Certificate of Status State of Status Certificate of Status Certificate of Status Certificate of Status	\$160.00 Filing Fee. Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address	•

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
EliteUTV LLC.	19 SEP - 3 PH 2: \$3
(Must contain the words "Limited Liability Company, "L.L.	.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:
1150 old Enterprise ed. 1151 Lake Helen, Fr. 32744 Lak	old Enterprise ed.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You nanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
KULTIS BEAUTIEU	
Kurtis Beaulieu Name 1150 Old Enterprise	nd
Florida street address (P.O. Box NOT accepts	abla)
Lake Helen Pl 3	
City State	Zip
laving been named as registered agent and to accept service of process for the above lace designated in this certificate. I hereby accept the appointment as registered agout the agree to comply with the provisions of all statutes relating to the proper and a manifest familiar with and accept the obligations of my position as registered agent as pro	ent and agree to act in this capacity. I complete performance of my duties, and I
Registered Agent's Signature (F	REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	19 SEP - 3 PA 2
'MGR" = Manager		•
AMBR	Kurtis Beauli	
	1150 Old Enter Lake Helen 1	prise led. 1 32744
MGR	Kelscy Beau	ieu
	1150 old Enter Lake Holon, Fi	rise led
•	C.C.V.	(OPTIONAL)
(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be sp. filling.) the date inserted in this block does not ment's effective date on the Department	pecific and cannot be more than five limeet the applicable statutory filing rec	ousiness days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) the date inserted in this block does not a	pecific and cannot be more than five limeet the applicable statutory filing rec	ousiness days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five limeet the applicable statutory filing rec	ousiness days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is executed am aware that any false.	pecific and cannot be more than five limeet the applicable statutory filing rec	ive of a member. 03 (1) (b). Florida Statutes to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)